

Medical Care Advisory Committee Meeting Minutes

Date: January 5, 2011 **Time:** 1:30 – 4:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Denise Chuckovich, Vice Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Paula Marcotte (Mental Health Provider’s Association), Deana Gilchrist (Living Independence Network Corporation), Katherine Hansen (Community partnership of Idaho), Cathy McDougal (AARP), Paula Shaffer (Idaho State Pharmacy Association), Representative (Dr.) John Rusche (Board Certified Physician), Suzan Belzer and Susie Pouliot-Proxy for Judy Bailey (Idaho Medical Association), Kris Ellis-Proxy for Robert VandeMerwe (Idaho Health Care Assoc),

DHW Staff Present: Paul Leary (Deputy Administrator, Division of Medicaid), Rachel Strutton (Committee Secretary), Natalie Petersen (Bureau Chief Long Term Care, Division of Medicaid), Patti Campbell (Project Manager, Division of Medicaid)

Committee Members Absent: Toni Lawson (Idaho Hospital Assoc.-Chair), James (Jim) R. Baugh (Disability Rights Idaho), Judith Bailey (Idaho Medical Association), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Deedra Hunt (Idaho Office on Aging), Robert VandeMerwe (Idaho Health Care Assoc), Johnna Pokibro (Shoshone Bannock Tribes),

DHW Staff Absent: Leslie Clement (Administrator, Division of Medicaid), Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Toni Barnes (Consumer Direct), Sonciray Bonnell (North West Portland Area Indian Health Board)-phone, JoAn Condie (Idaho State Pharmacy Association)

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from the 7/21/10 meeting and 10/20/10 meeting notes • Remaining proposed meeting dates for 2011 <ul style="list-style-type: none"> ○ April 20, 2011 ○ July 20, 2011 ○ October 19, 2011 • Committee Vacancies • Committee Member Updates 	<p>Denise Chuckovich</p>	<p>Committee Business</p> <p>The Committee members introduced themselves and stated their names for the record.</p> <p>The Committee reviewed the 7/21/10 meeting minutes and the 10/20/10 informal minutes. Both approved as proposed and posted to the MCAC webpage.</p> <p>The remaining 2011 meeting schedule was approved as proposed and posted to the MCAC webpage.</p> <p>Committee Vacancies</p> <ul style="list-style-type: none"> • Disabled Community Representative Seat: Deana Gilchrist second term approved. • Idaho Medical Association -Permanent Provider Organization seat: Teresa Cirelli nominated. • Idaho Health Care Association Seat - Permanent Provider Organization - Robert VandeMerwe nominated for a third term. • Medicaid Recipient Seat – remains vacant. • Rotating Provider Seat (Idaho Dental Association) – remains vacant. <p>Committee Member Updates</p> <p>The Committee members shared some updates.</p> <p>Action Items</p> <p>(1) All Committee members: Prior to April 20, 2011, meeting to consider nominations for remaining committee vacancies/upcoming vacancies and provide to Rachel Strutton, Committee Secretary at (208) 364-1836, or e-mail strutton@dhw.idaho.gov.</p>

Agenda Item	Presenter	Outcome/Action
Personal Assistance Oversight Committee Update	Natalie Peterson	Personal Assistance Oversight Committee (PAOC) Update <ul style="list-style-type: none"> • Mrs. Peterson provided an update from the PAOC meeting held December 15, 2010. • A copy of the December 2010, draft meeting minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. • The next PAOC meeting is scheduled for March 16, 2011.
Division of Medicaid Updates <ul style="list-style-type: none"> • Policy/Legislative Status Update • Affordable Care Act (ACA) update 	Paul Leary	Division of Medicaid Updates <p><u>Policy/Legislative Status Update</u></p> <ul style="list-style-type: none"> • Mr. Leary provided a review of the <i>Division of Medicaid Policy Update December 2010</i>. This document provides an update to the activity related to Administrative Rule, State Plan Amendments and Wavier activities, is updated monthly and is available for review on the MCAC website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx <p><u>Affordable Care Act (ACA) update</u></p> <ul style="list-style-type: none"> • Although the law has been stated in the Affordable Care Act, the actual interpretation of the law comes from rules or federal regulations – which have been slow in coming. Some areas that are now, or shortly will be, in effect and will have some connection to Medicaid include: <ul style="list-style-type: none"> ○ Concurrent care for children in hospice. ○ Health Homes. ○ Prescription drug rebates – Federal rebate increase from 15% to 23%. ○ Adult health quality measures – interpretation not available. ○ Tobacco cessation products for pregnant women effective 10/1/10. ○ Medicaid Program Recovery Audit Contacts (RACs) are mandatory and required by 4/1/11; Idaho is currently seeking approval of a State Plan Amendment and will be issuing a Request for Proposal shortly. ○ Mandatory coverage of freestanding birth centers effective 3/24/10. • Idaho’s HCBS Money Follows the Person (MFP) Planning Grant was approved. The MFP Grant application will be submitted by Friday (1/7/11). The intent of this grant is to move participants out of institutions and into the community.
Presentations <ul style="list-style-type: none"> • Health Care Reform and FQHCs 	Denise Chuckovich	Presentations <ul style="list-style-type: none"> • Ms. Chuckovich provided a Power Point Presentation entitled <i>Impact of the ACA on Health Centers</i>. (See attached)
Program Updates <ul style="list-style-type: none"> • MMIS Update 	Patti Campbell	Program Updates <p><u>MMIS Update</u></p> <p>Ms. Campbell provided an update on Molina and the improvements to the system.</p> <p>Claims:</p> <ul style="list-style-type: none"> • Currently working on processing back log of pending claims. Pending claims have decreased by 65% since September 26, 2010. • Molina continuing to resolve defects for claims to pay correctly. <p>Financial:</p> <ul style="list-style-type: none"> • Provider recoupment of interim payments began December 2010, for those providers whose claims are considered normalized payment.

Agenda Item	Presenter	Outcome/Action
		<ul style="list-style-type: none"> • Providers were given the option of not having claims recouped. They had the option to pay in full, give monthly payments or request a postponement. • An additional recoupment will begin February 2011. • 1099s will include interim payments – if not paid in full by December 31, 2010. The Attorney General’s office and the IRS have been consulted with to make this determination. • 1099s will be issued end of January 2011. <p><i>Call Center:</i></p> <ul style="list-style-type: none"> • Dropped calls & wait times have been reduced. Still not at an acceptable level, but progress is being made. • Molina has developed an escalation phone triage team for emergency and/or situations that resolution has not been able to be reached. • Molina continues to hold weekly provider association calls to address specific provider group related issues.
Question and Answer	All	<p>Question and Answer No further questions and answer discussed.</p>
Adjourn		This meeting adjourned at 4:00 PM (MST).

Remaining meeting dates for 2011 (all meetings are located at 3232 Elder, Boise Idaho): 4/20/11, 7/20/11 and 10/19/11.

IPCA
IDAHO PRIMARY CARE ASSOCIATION
Achieving access to quality healthcare for all

IMPACT OF THE AFFORDABLE CARE ACT ON HEALTH CENTERS

Denise Chuckovich, Idaho Primary Care Association

 Health Centers: America's Primary Care Safety Net

- ✓ For more than 40 years, health centers in the United States have delivered comprehensive, high-quality primary health care to patients regardless of their ability to pay.
- ✓ For more than 40 years, health centers in the United States have enjoyed bipartisan support!

 Health Centers: America's Primary Care Safety Net

- ✓ During the past 10 years federal investments in health center program have nearly doubled
- ✓ In 2010 Idaho Health Centers have grown to 13 health centers with 35 sites

Health Center Opportunities and Challenges of the Accountable Care Act (ACA)

The Act provides coverage to 32 million uninsured people by 2019 through employer and government-sponsored insurance programs.

 **ACA Insurance options after 2013**

Coverage Options by Income		
Family Income	>400%	•Job-based coverage, or •Full-cost coverage in the exchange
	301% - 400% of FPL	Job-based coverage or Subsidized exchange coverage premiums capped at 9.5% of income
	201% - 300% of FPL	Job based coverage or Subsidized exchange coverage premiums capped at 9.5% of income
	133-200% FPL	CHP+ Job-based coverage or subsidized exchange coverage : premiums capped at 3%-6.3% of income.
	< 133% FPL	Medicaid Medicaid
	Federal Poverty Levels	Children and Pregnant Women
		Adults <small>(non-disabled adults, not eligible for Medicare)</small>

Health Center Opportunities and Challenges of the Accountable Care Act (ACA)

The ACA envisions health centers as a key element of the primary care system in this country.

The Act authorizes and appropriates \$11 billion in new Health Center funding.

The health centers will be expected to serve many of the people who will be getting insurance coverage through Medicaid or Insurance Exchanges.



ACA Health Center Program Funding

The funding increases for health centers will enable health centers to add sufficient service capacity to reach up to 44 million patients by 2015 and up to 50 million patients in

- Authorizes and appropriates \$9.5 billion in a new Community Health Center Trust Fund.
- Authorizes and appropriates \$1.5 billion over five year to allow Health Centers to meet their capital needs.
- Authorizes and appropriates \$1.5 billion to a new National Health Services Corps Trust Fund.



Community Health Center Trust Fund by Year

Health Center Program Funding

- \$1 billion for FY2011
- \$1.2 billion for FY 2012
- \$1.5 billion for FY 2013
- \$2.2 billion for FY 2014
- \$ 3.6 billion for FY2015

New National Health Service Corps Trust Fund

- \$290 million for FY 2011
- \$295 million for FY 2012
- \$300 million for FY 2013
- \$310 million for FY 2015

The ACA will allow Health Centers to care for nearly 20 million more people across the nation, doubling current capacity.



Health West Medical Clinic Grand Opening for the Aberdeen Health - 6/4/12





Implications of the Accountable Care Act for HCs

- ✓ Funding to support growth
- ✓ Client/Payer Mix will change
- ✓ Medical Home and Payment Reform
- ✓ Meaningful Use of Electronic health records
- ✓ Accountable Care Organizations
- ✓ Workforce

Funding to Support Growth

Presently Idaho CHCs are writing grant applications for New Access Points to expand service locations to underserved communities.

New organizations are also able to apply for New Access Point funding.

In early October two Idaho CHCs received awards totaling over \$14M to build new facilities. Additional capital funding will be made available to health centers over the next 3 years.

Health Center Client/Payer Mix

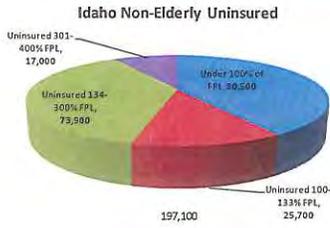
Over 50% of the patients presently served by Idaho health centers are uninsured.

A large percentage of these individuals will have insurance coverage under the new law.

Health centers will continue to see many current patients as well as many new patients.



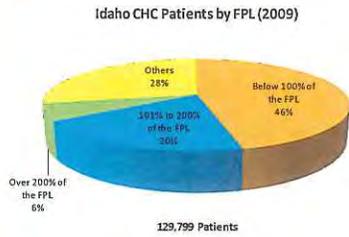
Idaho's Non-Elderly Uninsured





Health Center Client/Payer Mix Implications

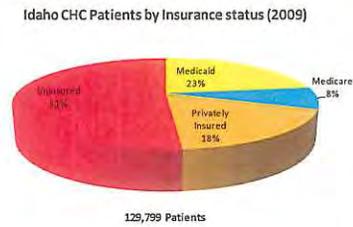
The success of the investment in health centers hinges on the ability of uninsured health center patients to obtain health coverage.





Health Center Client/Payer Mix Implications

Health Centers will continue to play a critical role in caring for the uninsured.





Health Centers--Medical Home and Payment Reform

IPCA is currently participating in a national medical home initiative, transforming 13 primary care clinic practices to medical homes

- Health centers will receive additional support from federal government to develop medical home model and pursue certification as a medical home.
- Multiple government demonstration projects offer opportunities to study medical home reimbursement, improved outcomes and savings.

Electronic Health Records and Meaningful Use

Health Centers will be eligible for incentive payments for demonstrating meaningful use of electronic health records.

Examples of meaningful use of electronic health records include recording patient demographics, charting vital signs, recording diagnoses, med lists, checking for drug interactions, etc.

Health Centers and Accountable Care Organizations

Many provisions in the ACA encourage the development of Accountable Care Organizations.

Health system providers at the primary care, specialty care and tertiary care levels will be organizing into ACOs which will receive a global payment for patient care.

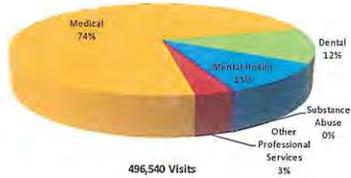
Health centers will play a key role in providing primary care in ACO structure



Health Centers and Accountable Care Organizations

Establishing networks and referral arrangements will be necessary to link primary care services with Specialty and Hospital services

Type of Primary Care Visits Provided (2009)





Future Implications--Workforce

Future Opportunities and Challenges for Health Centers.

- Workforce—How will health centers add adequate primary care provider staff to serve an additional 20M patients?
- Primary Care workforce shortage in Idaho is particularly acute. Recruiting to rural communities very challenging.
- CHC will have to recruit and retain additional qualified healthcare professionals to ensure that people have care as well as coverage.



Future Implications—Federal Funding??

Future Opportunities and Challenges for Health Centers.

- How will federal funds be awarded? Will Idaho health centers be able to grow as effectively as those in more populated states?
- Will funding support for health centers continue after 2015?



Medical Care Advisory Committee Meeting Minutes

Date: April 20, 2011 **Time:** 1:30 – 4:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Paul Leary

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Jesus Blanco-Proxy for Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Paula Marcotte (Mental Health Provider’s Association), Deana Gilchrist (Living Independence Network Corporation), Katherine Hansen (Community partnership of Idaho), Robert VandeMerwe (Idaho Health Care Assoc),

DHW Staff Present: Paul Leary (Deputy Administrator, Division of Medicaid), Rachel Strutton (Committee Secretary), Tammy Ray-Proxy for Natalie Petersen (Bureau Chief Long Term Care, Division of Medicaid), Patti Campbell (Project Manager, Division of Medicaid)

Committee Members Absent: Toni Lawson (Idaho Hospital Assoc.-Chair), James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Deedra Hunt (Idaho Office on Aging), Johnna Pokibro (Shoshone Bannock Tribes), Cathy McDougal (AARP), Paula Shaffer (Idaho State Pharmacy Association), Representative (Dr.) John Rusche (Board Certified Physician)

DHW Staff Absent: Leslie Clement (Administrator, Division of Medicaid), Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Michael McMahon (Vice-President Consumer Direct); Yvette Ashton (Nominee-Medicaid Recipient); Teresa Cirelli (Nominee-Idaho Medical Association), Jeff Wright, President of the Idaho Mental Health Association

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from the 1/5/11 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Teresa Cirelli – IMA ○ Robert VandeMerwe – IHCA 3rd term ○ Yvette Ashton – Medicaid Recipient ○ Steve Bruce - IDA (unable to attend) • Committee Member Updates 	<p>Paul Leary</p>	<p>Committee Business</p> <p>The Committee members introduced themselves and stated their names for the record.</p> <p>The Committee reviewed the January 5, 2011 meeting minutes. Minutes were approved as proposed and posted to the MCAC webpage.</p> <p>Committee Vacancies/Nominations</p> <ul style="list-style-type: none"> • Idaho Medical Association -Permanent Provider Organization seat: Teresa Cirelli’s nomination was voted on and unanimously approved. • Idaho Health Care Association Seat - Permanent Provider Organization - Robert VandeMerwe nominated and unanimously approved for a third term. • Medicaid Recipient Seat: Yvette Ashton’s nomination was voted on and unanimously approved. • Rotating Provider Seat: Steve Bruce, DDS’ (Idaho Dental Association) nomination was voted on and unanimously approved. <p>Committee Member Updates</p> <p>The Committee members shared some updates.</p>
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update 	<p>Paul Leary</p>	<p>Division of Medicaid Updates</p> <p><u>Policy/Legislative Status Update</u></p> <ul style="list-style-type: none"> • Mr. Leary provided a review of the <i>Division of Medicaid Policy Update March 2011 and April 2011</i>. Mr. Leary provided a review of both consecutive months to give an accurate description of all the movement related to the end of the 2011 legislative session. This document provides an update to the activity related to Administrative Rule, State Plan Amendments and Wavier activities, is updated monthly and is available for review on the MCAC website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx

Agenda Item	Presenter	Outcome/Action
		<ul style="list-style-type: none"> Mr. Leary provided a Power Point Presentation on the 2011 Legislative Session and the Impact on Medicaid. (see attached) <p><u>Action Item</u></p> <p>(1) Mr. Leary to provide a generic version of the 2011 Legislative Session and the Impact on Medicaid Power Point to the Committee.</p>
Personal Assistance Oversight Committee Update	Tammy Ray	<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> Mrs. Peterson was unable to attend the MCAC. A copy of the March 2011, draft meeting minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. The next PAOC meeting is scheduled for June 15, 2011.
<p>Program Updates</p> <ul style="list-style-type: none"> Money Follows the Person (MFP) Grant MMIS Update 	<p>Tammy Ray</p> <p>Patti Campbell</p>	<p>Program Updates</p> <p><u>MFP</u> Ms. Ray provided a Power Point Presentation on Idaho Home Choice. (See attached)</p> <p><u>MMIS Update</u> Ms. Campbell provided an update on Molina and the improvements to the system. (See attached)</p> <ul style="list-style-type: none"> Centers for Medicare and Medicaid Services (CMS) must certify the MMIS system. The State anticipates requesting the certification in late spring or early summer 2011. Certain criteria must be met before this request can be made to CMS. CMS Certification makes a difference in the federal match rate.
Question and Answer	All	<p>Question and Answer</p> <p>No further questions and answer discussed.</p>
Adjourn		This meeting adjourned at 4:00 PM (MST).

Remaining meeting dates for 2011 (all meetings are located at 3232 Elder, Boise Idaho): 4/20/11, 7/20/11 and 10/19/11.



Idaho Home Choice
Money Follows the Person

Your Life, Your Choice, Your Home







What is Idaho Home Choice?

- Idaho Home Choice (IHC) is a system of flexible financing for long-term services and supports that enables funds to move with the individual to the most suitable and preferred setting as the individual's needs and preferences change. The program is funded by the federal Money Follows the Person Demonstration Program grant.
- The grant began on 02-28-2011 and will continue through 03-01-2016.
- Idaho was awarded approximately 6 Million dollars in the form of an increased Federal Matching Assistance Percentage (FMAP) and money to conduct a transition management demonstration.



Goals of the Money Follows the Person Grant

- Increase the use of HCBS and reduce the use of institutionally based services.
- Eliminate barriers or mechanisms that restrict use of Medicaid funds so individuals receive support for LTC in the setting of their choice
- Strengthen the ability of states to assure continued provision of HCBS for individuals who choose to transition from institutions to the community
- Ensure HCBS quality procedures are in place and provide for continuous quality improvement



Idaho's Benchmarks

Benchmark #1: Successfully transition the programmed number of eligible individuals in each target group from an inpatient facility to a qualified residence during each calendar year of the demonstration.

Calendar Year	Elderly	Individuals w/MR/DD	Physically Disabled	Total
2011	5	1	2	8
2012	30	5	18	53
2013	35	5	25	65
2014	45	5	30	80
2015	45	7	30	82
2016	20	7	10	37
Total	180	30	115	325



Idaho's Benchmarks

Benchmark #2: Increase State Medicaid Expenditures for HCBS during each calendar year of the demonstration program.

Benchmark #3: Demonstrate a percentage increase in HCBS versus institutional long-term care expenditures under Medicaid for each calendar year of the demonstration.

Benchmark #4: Demonstrate an increase in the utilization of transition managers used to assist Medicaid participants to find appropriate services and supports in the community for each calendar year of the demonstration.

Benchmark #5: Demonstrate an increase in the use of "one-time" transition services.



Who is Eligible for Idaho Home Choice?

Eligible persons must:

- Be a resident of Idaho
- Currently live in a nursing facility, ICF/ID, or an Institution for Mental Diseases
- Have lived in the above settings for at least 90 consecutive days, excluding short term rehabilitation stays
- Have been eligible for Medicaid for at least one day
- Qualify for one of the HCBS waivers (Aged and Disabled Waiver or Developmental Disability waiver), or qualify for Medicaid State Plan Services
- Move to a "qualified residence" in the community.



What is Considered a Qualified Residence?

A "qualified residence" is:

- A person's own home
- A person's family's home
- A person's own apartment
- A residence, in a community-based residential setting, in which no more than 4 unrelated individuals reside - excluding caregivers and personal attendants.





What Benefits are available?

- **Community-Based Funding for Supports**
MFP participants receive personal supports and other services through Idaho Home Choice.
- **Transition "Start Up" Funding**
Each participant may be eligible for up to \$2,000 in order to secure items and services needed to transition. These include: security deposits, utility start up expenses, furniture, or other one-time items and services that may be required to transition.
- **More Options in Long-Term Support**
Participation in this Project is completely voluntary. The Project simply provides eligible residents of inpatient facilities an option to receive supports and services in their communities.



Key Findings

- As of July 2010, nearly 9,000 individuals have been transitioned back to the community and another 4,000 transitions are currently in progress.
- The average monthly cost of transitioning a MFP participant to the community is roughly \$5,600 per person.
- States were split on if the program was less expensive than institutionalized care.



Successful Services

States identified a wide range of pre-transition services to target MFP participants and to successfully transfer individuals back to the community. The most commonly reported key services included

- expanded case management to coordinate transition,
- help with home modifications and one-time housing expenses such as security deposits or household furnishings,
- use of assistive technology,
- transportation, and
- expanded access to DME.



How Can A Person Get More Information?

- Under this Program, individuals, family members or caregivers, as appropriate, may seek transition information, the requirements, and the options available including home and community-based services and housing. To get more information about transitioning individuals to Home and Community Based Services, contact:
- 2-1-1 Idaho CareLine
- An Area Agency on Aging
- A Center for Independent Living
- You can also visit our website at <http://www.healthandwelfare.idaho.gov/> under Idaho Home Choice in the alphabetical index, or contact the Idaho Home Choice Project Manager at IHCMFP@dhw.idaho.gov or call (208)364-1689 for information and referral regarding the Idaho Home Choice Program.

Questions



MMIS Status Report April 2011

Financial

- Recoupments continue for repayment of interim payments. Of the \$117M paid, \$39M is outstanding.

Claims

- The National Correct Coding Initiative was implemented on April 9.
- Molina continues to process aged claims. 10,000 pended claims were finalized in this last financial cycle. 7,042 claims remain in the 'over 90' category; Molina targeting to get these resolved by the end of May.
- Coordination of benefits. Phase 1 complete; phase 2 targeted for completion by May 7. Reprocessing of claims will occur over a 60-90 day period.
- Share of cost. IBES, State's eligibility system, is working on two fixes with targeted completion mid-May. At that time reconciliation will be done and reprocessing of historical claims completed in a 60 day timeframe.
- Healthy Connections. Tiered payments to go into effect late summer.

Premium Invoices

- Premium statements mailed to participants with premium obligations, beginning in December. Initially quarterly; will be monthly beginning in May.

Certification

2011 LEGISLATIVE SESSION IMPACT ON MEDICAID

Paul J. Leary, Deputy Administrator

House Bill 260 Medicaid Omnibus Bill

▶ Removed various reimbursement sections from Idaho code - they are retained in administrative rule:

- §39-5606 Personal Care Service
- §56-102 Skilled Nursing Facilities
- §56-113 Intermediate Care Facilities
- §56-136 Physician and Dentist

House Bill 260 Medicaid Omnibus Bill

▶ Updated Idaho Code §56-118 - reimbursement rates for DDA, Mental Health, Case Management and Residential Habilitation Agency services:

- Removed affiliated residential habilitation family home services as they are included in residential habilitation agency
- Added that the methodology will be in rule
- Eliminated annual reporting requirement

House Bill 260
Medicaid Omnibus Bill

- ▶ Amends Idaho Code §56-209g Pharmacy Reimbursement:
 - Change in methodology in establishing the Estimated Acquisition Cost - to use Average Actual Acquisition Cost (AAC) and WAC when there is not an AAC for a specific drug
 - Department to create a tiered dispensing fee based on prescription volume
 - AAC based on State or National survey results
 - Disenrollment of providers that do not participate in the surveys



House Bill 260
Medicaid Omnibus Bill

- ▶ Amends Idaho code §56-255 as follows:
 - Mental health providers meet national accreditation standards
 - Reduce PSR hours for adults to 4 hours/week
 - Adds family directed to long term care and services for persons with developmental disabilities
 - DD budgets modified only for health and safety issues
 - Adds blended rate (individual and group) for DD services that include services in a center and the community
 - Align therapy services with Medicare caps



House Bill 260
Medicaid Omnibus Bill

- ▶ Amends Idaho code §56-255 as follows:
 - Adult dental coverage limited to medically necessary oral surgery and palliative services and associated diagnostic services
 - Limit podiatry services to individuals with chronic care conditions as defined by Department
 - Limit optometrist service to individuals with chronic care conditions as defined by Department
 - Removed language about coverage of other remedial care



House Bill 260
Medicaid Omnibus Bill

- Amend Idaho code §56-257 to allow new co-payments within the limits of federal Medicaid law and regulations including:
 - Chiropractic visits
 - Podiatrist visits
 - Optometrist visits
 - Therapy (PT, OT, and Speech) visits
 - Outpatient hospital visits
 - Physician office visits

House Bill 260
Medicaid Omnibus Bill

- Adds new section to Idaho code §56-261 stating legislative findings and intent:
 - Finds that fee for service reimbursement does not provide appropriate incentives
 - Current system incentives can be improved by incorporating managed care tools
 - Capitation
 - Selective contracting
 - Accountable care systems
 - Directs the Department to pursue opportunities that result in safe and appropriate discharge from facilities to the community - where financially sustainable
 - Price increase only through specific appropriations unless adjustments are specified in federal law

House Bill 260
Medicaid Omnibus Bill

- Adds new section to Idaho code §56-263 directing the department to develop and present at the next legislative session a plan for Medicaid managed care including:
 - Dual eligibles
 - High-risk pregnancies
 - Medical home development and improved coordination of care
 - Approaches that improve coordination of care for high risk/high cost disabled children and adults
 - Managed care for behavioral health services/population

House Bill 260
Medicaid Omnibus Bill

- › Adds new section to Idaho code §56-264 granting the Department rulemaking authority to promulgate rules regarding:
 - Primary Care Case Management reimbursement change to a tiered system
 - Eliminate Healthy Connection referral for urgent care clinic
 - Eliminate payment for collateral contact
 - Eliminate administrative requirement for mental health functional and intake assessments - add comprehensive assessment
 - Restrict partial care benefit to severe and persistent mental illness

House Bill 260
Medicaid Omnibus Bill

- › Adds new section to Idaho code §56-264 granting the Department rulemaking authority to promulgate rules regarding:
 - Eliminate requirement for annual plans for mental health
 - Develop effective management tool for PSR
 - Eliminate personal care service coordination
 - Restrict duplicated nursing services
 - Align coverage of contact lenses to commercial coverage
 - Limit adult vision coverage based on chronic care criteria

House Bill 260
Medicaid Omnibus Bill

- › Adds new section to Idaho code §56-264 granting the Department rulemaking authority to promulgate rules regarding:
 - Eliminate audiology coverage for adults
 - Eliminate supportive counseling
 - Reduce annual assessment hours for DD/MH from 12 hours to 4 hours and exclude psychological and neuropsychological testing
 - Reduce plan development hours from 12 hours to 6 hours
 - Restrict duplicative skill training

House Bill 260
Medicaid Omnibus Bill

- › Adds new section to Idaho code §56-264 granting the Department rulemaking authority to promulgate rules regarding:
 - Implement changes to certified family homes
 - Create approval criteria for new CFH
 - Recertify current CFH
 - Develop applicant and licensing fees to cover certification and recertification
 - Move adult DD budgets to a tiered approach
 - Discharge individuals from institutions where such services are no longer necessary

House Bill 260
Medicaid Omnibus Bill

- › Adds new section to Idaho code §56-265 on provider reimbursement:
 - Up to but not exceeding 100% of the current Medicare rate for primary care procedure codes
 - 90% of the current Medicare rate for all other procedure codes
 - If no Medicare equivalent, reimbursement rate shall be prescribed by rule
 - Department to include line item request for adjustments to provider rates during the annual budgeting process

House Bill 260
Medicaid Omnibus Bill

- › Amends several sections of title 56 that deal with provider assessments:
 - Hospital assessments in section 14
 - Skilled Nursing Facility assessments in section 15
 - Adds a new section to title 56 - section 16 that deals with Idaho Intermediate Care Facility provider assessments

House Bill 165

Medicaid Payment for Professional Midwives

The purpose of this legislation is to allow a licensed professional midwife to be a Medicaid provider and to provide services for those clients who qualify for Medicaid. It is not the intent of this legislation to require anyone to utilize the services of a midwife.

House Bill 341

DHW Appropriation

This is the fiscal year 2011 supplemental and the fiscal year 2012 appropriation for the Department of Health and Welfare.

House Bill 341

DHW Appropriation - Medicaid 2011 Supplemental

	FTP	GEN	DED	FED	TOTAL
Medical Assistance Services (Medicaid)					
1. Projected Shortfall Transfer & Benefit Payments	0.00	0	53,573,100	159,892,800	213,465,900
2. Mid-Year ASRA EMAP Rate Change	0.00	0	20,765,900	(20,765,900)	0
3. Restore Medicaid Operating Budget	0.00	867,100	0	0	867,100
6. 3rd Party Recovery Contract Increase	0.00	0	3,190,000	0	3,190,000
7. Spending Authority for Unk HIT Grant	0.00	0	0	155,500	155,500
8. Medicaid Courtbook	0.00	0	2,398,400	0	2,398,400

Medical Care Advisory Committee Meeting Minutes

Date: July 20, 2011 **Time:** 1:30 – 4:00 PM

Location: IDHW Medicaid Office
3232 Elder St.
D-East Conference Room
Boise, ID 83705

Moderator: Toni Lawson-Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Chair), Jesus Blanco-Proxy for Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Paula Marcotte (Mental Health Provider’s Association), Deedra Hunt (Idaho Office on Aging), Katherine Hansen (Community partnership of Idaho), Yvette Ashton (Medicaid Recipient), Teresa Cirelli (Idaho Medical Association) Steven Bruce, DDS (Idaho Dental Association), Cathy McDougal (AARP)

DHW Staff Present: Paul Leary (Administrator, Division of Medicaid), Natalie Peterson (Bureau Chief Long Term Care, Division of Medicaid), Cathy Libby (Project Manager, Division of Medicaid), Rachel Strutton (Committee Secretary)

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Johnna Pokibro (Shoshone Bannock Tribes), Paula Shaffer (Idaho State Pharmacy Association), Representative (Dr.) John Rusche (Board Certified Physician), Deana Gilchrist (Living Independence Network Corporation), Robert VandeMerwe (Idaho Health Care Association)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Michael McMahon (Vice-President Consumer Direct)

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Introductions and Committee Business</p> <ul style="list-style-type: none"> • Review minutes from the 4/20/11 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Rotating Provider Organization seat (Paula Shaffer) resignation from the Committee ○ Rotating Consumer Advocate seat (Katherine Hansen) term expiration ○ Rotating Consumer Advocate seat (Jim Baugh) term expiration • Committee Member Updates 	<p>Paul Leary</p>	<p>Committee Business</p> <p>The Committee members introduced themselves and stated their names for the record.</p> <p>The Committee reviewed the April 20, 2011 meeting minutes. Minutes were approved as proposed and posted to the MCAC webpage.</p> <p>Committee Vacancies/Nominations</p> <ul style="list-style-type: none"> • Idaho State Pharmacy Association –Rotating Provider Organization seat- Paula Shaffer has recently resigned. Some discussion was held and the Committee recommended Rachel Strutton contact JoAnne Condie or Pam Eaton from the Idaho State Pharmacy Association to request nominations from their organization to fill this seat. • Community Partnerships of Idaho – Rotating Consumer Advocate seat – Katherine Hansen’s term expires July 2011. Ms. Hansen was nominated for and accepted a 2nd term with the Committee. • Disability Rights Idaho- Rotating Consumer Advocate seat – Jim Baugh’s 2nd term expired April 2011. The Committee recommended Toni Lawson contact Mr. Baugh and inquire on any interest in a 3rd term, or nominations from within his organization for this seat. <p>Committee Member Updates</p> <p>The Committee members shared some updates. Highlights included:</p> <ul style="list-style-type: none"> • IMA annual meeting just finished. • IDA annual meeting begins the week of July 25, 2011. • IHA is beginning a new initiative-Partnership for Patient, with a focus on patient safety and quality of care. • CPOI is preparing for their 15th annual conference “emPOWERment 2011”, scheduled for October 13 and 14, 2011. (see attached brochure) <p>Action Items:</p> <ol style="list-style-type: none"> 1. Rachel Strutton to contact ISPA for recruitment of Committee seat. 2. Toni Lawson to contact Jim Baugh for recruitment of Committee seat.

Agenda Item	Presenter	Outcome/Action
Program Updates <ul style="list-style-type: none"> • MMIS Update 	Cathy Libby	Program Updates <u>MMIS Update</u> <ul style="list-style-type: none"> • Molina offers a web based claims submission portal free of charge available to all providers signed up in the MMIS as a trading partner. • Ms. Libby provided her background as a Department employee and her participation with the Molina MMIS project. • M. Libby provided an update on Molina and the MMIS system. (See attached)
Personal Assistance Oversight Committee Update	Natalie Peterson	Personal Assistance Oversight Committee (PAOC) Update <ul style="list-style-type: none"> • Mrs. Peterson provided an update from the June 2011, PAOC meeting. • A copy of draft minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. • The MCAC approved a PAOC recommendation to form a work group to review the Uniform Assessment Instrument (UAI). • The next PAOC meeting is scheduled September 14, 2011. • Mrs. Peterson also provided an update on the Idaho Home Choice-Money Follows the Person (MFP) grant accomplishments to date. (see attached) • The Aged and Disabled (A&D) Waiver is due expire September 30, 2012. The Long Term Care Bureau is beginning the rewrite of the waiver application to ensure CMS approval can be gained by October 1, 2012.
Division of Medicaid Updates <ul style="list-style-type: none"> • Policy/Legislative Status Update 	Paul Leary	Division of Medicaid Updates <u>Policy/Legislative Status Update</u> <ul style="list-style-type: none"> • The <i>Division of Medicaid Policy Update</i> provides ongoing updates to the activity related to Administrative Rule, State Plan Amendments and Wavier activities. It is updated monthly and is available for review on the MCAC website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx. • Mr. Leary provided a Power Point Presentation titled <i>Medicaid Update July 2011 MCAC</i>. (see attached)
Question and Answer	All	Question and Answer No further questions and answer discussed.
Adjourn		This meeting adjourned at 3:40 PM (MST).

Remaining meeting dates for 2011 (all meetings are located at 3232 Elder, Boise Idaho): 10/19/11

OUR NATIONAL CONFERENCE SPEAKERS



DAN BAKER, Ph.D

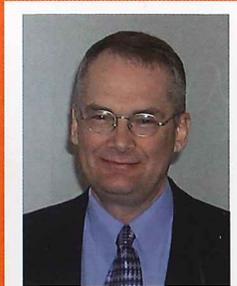
Dan Baker is an Assistant Professor of Pediatrics at the Boggs Center on Developmental Disabilities, Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey. Dr. Baker's areas of interest and expertise include positive behavior support, special education transition services, supported employment, and mental health for persons with developmental disabilities.



ROBIN ROSE, M.A.

Robin Rose is a renowned trainer, speaker and consultant. Robin's expertise is in teaching people how to stay calm, professional, and effective — especially during high-stress, high-pressure situations. Robin helps people be their best when it matters most.

Allen Anderson is President at EMP Inc. and Dover Training Group in Toronto, Canada. He is an international speaker and employment program designer specializing in creating solutions for generating employment outcomes for people with employment barriers.



ALLEN ANDERSON

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OCTOBER 13th & 14th

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Conference Agenda and Registration Info

Registration FORM

Thursday, Oct. 13th

8:00-9:00am Conference Registration/Check-In
 9:00-9:30am "EmPOWERment 2011" Opening Remarks by Katherine Hansen
 9:30-10:45am Opening Keynote - Dan Baker, Ph.D. "And How Did We Get Here?"
 10:45-11:00am Break
 11:00-12:15pm Session #1
 12:15-1:30pm Luncheon/Sponsor Presentation
 1:30-2:45pm Session #2
 2:45-3:00pm Break
 3:00-4:15pm Session #3

Friday, Oct. 14th

8:00-9:00am Conference Registration/Check-In
 9:00-10:15am Session #4
 10:15-10:30am Break
 10:30-11:45am Session #5
 11:45-1:00pm Luncheon: "Medicaid Matters in Idaho"
 1:00-2:15pm Session #6
 2:15-2:30pm Break
 2:30-3:30pm Closing Keynote - Robin Rose, M.A. "Excellence Under Pressure"

The Idaho Partnerships Conference on Human Services is coordinated by Community Partnerships of Idaho, Inc.



Registration Fees:

Full 2-Day Conference (Th&Fri):
 1-Day Conference (Thur or Fri):

EARLY RATE (on or before 9/20)	REG. RATE (after 9/20)	DAY-OF RATE
\$95	\$105	\$125
\$75	\$ 85	\$105

PARKING IS FREE AT THE DOUBLETREE RIVERSIDE

The above fees include lunch, conference materials, refreshments and a certificate of completion (mailed post-conference).

Certificates of Completion will be provided at no cost to all participants. In addition, detailed course descriptions, speaker bios and credentials will be provided online. Hard copies will also be provided at the conference.

Scholarships: Regular registration fees have been reduced greatly. If you need further financial assistance, we ask that you please contact organizations you are involved with for possible help. **Check out our website for ideas of places to go for financial assistance: www.IdahoPCHS.com**

REGISTRATION INSTRUCTIONS:

One (1) registration form per person.

If additional forms are needed, photocopies are acceptable. Download a form, or phone (208) 830-8129 or (208) 376-4999 ext. 201.

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*Company/Org. _____ Position _____

Address _____

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Fax _____ E-Mail _____

*This information will be on your name tag.

Any special NON-FOOD accommodations (i.e. interpreter) _____

our CONFERENCE AT-A-GLANCE:*

*Sessions and Speakers may be subject to change. Please refer to our website for the most updated schedule: www.IdahoPCHS.com

THURSDAY, OCT. 13TH: 9:00am - 10:45am Opening Remarks and Keynote: "And How Did We Get Here?" Dan Baker, Ph.D.

	THURSDAY: A. Mental Health	B. Supervision/Leadership	C. Professional/Personal Growth	D. Direct Support: Children	E. Direct Support: Teens	F. Direct Support: Adults	G. Parent Issues	H. Self Advocacy	I. Employment Issues
Session #1 11:00 am - 12:15 pm Lunch 12:15-1:30pm (provided)	A-1: Youth with the Dual Diagnoses of IDD and Mental Illness, Dan Baker, Ph.D. Understand how mental illness and developmental disabilities can interact to make it difficult to support youth with these dual diagnoses.	B-1: Creative Collaboration, Kathie Snow When disability and non-disability organizations collaborate, extraordinary outcomes are possible!	C-1: Get Ready Now! Emergency Preparedness, Jackie Frey Learn how to have resources in place at the home or workplace, during an incident or disaster in a community.	D-1: Together in Music: Techniques for using Music in Therapy, Kerry Leavell, MA, MT-BC & Stephanie Leavell, MT-BC Develop participant's musical strengths into skills that can be used for more specific therapeutic purposes.	E-1: Boys Will Be Men: Road to Recovery, Dennis Morrow, M.A.Ed., MBA A unique gender-specific, evidenced-based training focused exclusively on high-risk boys.	F-1: Transition Age Planning, Char Quade, J.D. Learn the steps involved in transitioning from children's services to adult services and the adult processes such as Guardianship, Special Ed. Transition Planning, Medicaid Social Security, etc.	G-1: Sex is Natural: The Role of Sexuality in the Lives of People with Developmental Disabilities, Trina Balanoff, M.S. What sexuality is, why discuss it, the role of sexuality, what attitudinal barriers exist and teaching the abstract ideas of sexuality.	H-1: What is the Self-Advocacy Leadership Network? SALN Member. Learn how SALN advances equality through growth, education, and advocacy by providing opportunities so individuals with disabilities may achieve their greatest unique potential.	All-Day Presentation: 1-1/1-2/1-3: Advanced Selling Skills for Job Developers, Allen Anderson, M.A. Starts from a premise that the job developers attending are experienced and already have sufficient selling skills to get jobs for candidates with visible employment barriers. The focus is an introduction to advanced and more higher level selling techniques. This presentation is interactive and will address selling challenges presented by the audience.
Session #2 1:30 pm - 2:45 pm	A-2: The Power of Positive Purpose, Carmen Babb, MA, CADC Turn the negative failures into positive purpose, resulting in personal power.	Two-Session Presentation: B-2/B-3: Managing and Surviving Organizational Changes, Dennis Morrow, M.A.Ed., MBA Designed for employees, managers, and leaders of organizations facing conflict resulting from any type of internal change.	C-2: Create Synergy with Style, Substance, and Words, Kathie Snow Embrace improved communication; eliminate frustration, fear, misunderstanding, anger, and other barriers.	D-2: Connecting the Disconnected and Unmotivated Student, Robyn Legaretta-Edwards, M.A. Strategies and interventions for students who have disengaged from his/her learning environment.	E-2: Empowering Individuals with ASD... Whitney, Psy, D./Fish, M.Ed. Info on the characteristics of ASD, recognizing "red flags", home and school supports, and transitions and teaching "life skills" for adults with ASD.	F-2: Confidence, Relationships, and Music, Matthew Jordan & David Brown The power of music can be focused toward achieving specific outcomes such as initiating and enjoying interaction with others.	G-2: The Art of Collaboration in the Development of a Legal IEP, Char Quade, J.D. Learn about student rights, parental rights, district duties and the Professional's role(s).	H-2: Preparing Youth and Adults with ASDs for Work, Dan Baker, Ph.D. Strategies to assist youth and adults with disabilities to prepare for and enjoy successful, community-based, productive lives.	
Session #3 3:00 pm - 4:15 pm	A-3: Supporting the Female Adolescent with Bipolar Disorder and Autism Within a Family Therapy Perspective, Tyler Whitney, Psy, D. and J. John Andersen, MS		C-3: Empowerment from the Inside Out, Rebecca Evans Techniques, trainings and tools to assist staff in staying motivated and inspired. Also Developing methods to encourage/empower staff and clients	D-3: Strength Based Interventions... Robyn Legaretta-Edwards, M.A. Create environments that encourage and support the success of children struggling in an inclusive or therapeutic setting.	E-3: Using Positive Behavior Supports in the Community, Dan Baker, Ph.D. Simple, team-driven strategies for identifying the reasons for problem behaviors and then designing interventions.	F-3: Creating Community With Natural Supports and Generic Services, Kathie Snow. Lessen dependence on the system while gaining citizenship, inclusion, and interdependence in the community.	G-3: Understanding the New Children's Redesign, Trina Balanoff, M.S., Richelle Tierney. Understand the new Redesign, its options, and how to maximize your child's budget based on family needs.	H-3: Dating, Relationships and Sex, Amber Mausing An open discussion about relationships and sex. Learn how to have identify unsafe behaviors and keep safe physically and emotionally.	

THURSDAY, OCTOBER 13th, 2011

Session #1 circle ONE:	A1	B1	C1	D1	E1	F1	G1	H1	I1
Session #2 circle ONE:	A2	B2	C2	D2	E2	F2	G2	H2	I2
Session #3 circle ONE:	A3	B3	C3	D3	E3	F3	G3	H3	I3

COMPLIMENTARY LUNCH:*

Thursday: YES NO

Friday: YES NO

*You will have the option of requesting a vegetarian meal at the luncheon. If you require special dietary needs, please make your own accommodations.

FRIDAY, OCTOBER 14th, 2011

Session #4 circle ONE:	A4	B4	C4	D4	E4	F4	G4	H4	I4
Session #5 circle ONE:	A5	B5	C5	D5	E5	F5	G5	H5	I5
Session #6 circle ONE:	A6	B6	C6	D6	E6	F6	G6	H6	I6

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FRIDAY, OCT. 14th: 2:30pm - 3:30pm Closing Keynote: "Excellence Under Pressure," Robin Rose, M.A.

• For more in-depth information on sessions and speakers, please visit our website: www.IdahoPCHS.com

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on Human Services

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HOTEL - The DoubleTree offers conference rates for all participants (\$77/single - \$87/double). For reservations, contact (800) 222-TREE (8733) or go online: www.boiseriverside.doubletree.com

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Teachers
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Idaho Federation of Families for Children's Mental Health
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Living Independence Network Corporation

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July 20, 2011

System Improvements Continue

System Improvements

Over the past year, the Division of Medicaid has worked closely with Molina Healthcare to identify and correct system issues and improve the quality of services provided to Medicaid providers, participants and trading partners. This work has resulted in increased accuracy of claims processing. Molina and Division of Medicaid staff continue to meet with provider associations to discuss issues of mutual concern.

Operational Improvements

In addition to system corrections, the following operational improvements have been achieved:

- Significant improvement has been noted in "wait time" for the Molina call center. Over the most recent four weeks, calls have been answered in an average of 31 seconds. Improvement in responsiveness and accuracy of information provided by Molina call center representatives was also noted in a recent quality assurance audit.
 - The number of complex provider issues that require escalation continues to decline. The Molina Provider Escalation team has worked closely with individual providers to resolve issues and provide individualized training.
 - A multidisciplinary team of Molina staff have been visiting providers to assist with individual claims processing issues, provide training, and help providers with financial reconciliations. Providers have responded well to this type of assistance, and the model will be expanded to augment the team of Molina Provider Representatives assigned throughout the state.
-

Collection of Interim Payments

Last year, many providers received interim payments as a temporary measure to help bridge gaps between claims processing and payments in the previous system and the new system. When the interim payments were made, providers were told that once the system stabilized, this money would have to be repaid.

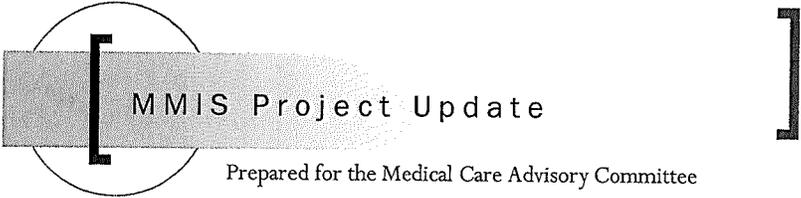
Payment recovery efforts began last fall on a staggered basis as providers' claims began processing dependably.

Providers established various repayment plans, including lump sum repayment, monthly installments, and recoupment from claims payments.

Total Payouts	\$117,709,867
Total Repayments	\$98,590,420
Balance to Collect	\$12,142,995

Interim Payment Recovery

To date, 90% of interim payments have been repaid. Providers who have not repaid their interim payments have been sent letters requesting they repay their interim payment or make payment arrangements.

The logo features a large, stylized bracket on the left side, with a horizontal bar extending from its center. The text "MMIS Project Update" is centered within this bar. To the right of the bar is a large, vertical closing bracket. The entire graphic is set against a light gray background.

MMIS Project Update

Prepared for the Medical Care Advisory Committee

July 20, 2011

Claims Processing

Idaho Medicaid providers submitted an average of 146,652 claims per week over the past month. We continue to receive high volumes of electronic claims. Almost 94% of all claims received were submitted electronically. This is good news for Idaho Medicaid. Electronic claim submission improves claims processing efficiency for both the MMIS and providers.

Providers may submit claims electronically using HIPAA-compliant software, or the Molina web portal. Providers can also use the Molina web portal to check participant eligibility, inquire about the status of claims, retrieve their weekly remittance advice, and keep up to date on system issues and improvements.

Medicaid System Support Team (MSST)

The Division of Medicaid's Medicaid System Support Team (MSST) works closely with Idaho's Medicaid Management Information System (MMIS) and Molina. The team provides the operational and technical link between Department staff and Molina. MSST members analyze system needs and recommend system solutions when new rules and regulations are promulgated and when system enhancements are requested.

MSST is responsible for overseeing the integrity of the system, identifying system problems, validating testing, analyzing requests for system updates and processing requests for system access.

Through daily monitoring and oversight, MSST strives to ensure that Molina implements and adheres to Department policies and complies with contractual requirements.

July 20, 2011

Active System Projects

- Idaho Home Choice

- DD Children's Re-Design

- Co-Pay

- House Bill 260 Benefit Changes

- Claim submission training for Certified Family Home providers

- HIPAA version 5010 and D.0 changes

- ICD-10 federal compliance

MMIS System Certification

The Medicaid System Support Team (MSST) is working with representatives from Molina, Magellan, and Thomson-Reuters to prepare documentation of system functionality required by CMS for system certification.

Public Knowledge has been engaged to assist the Department with MMIS certification preparation activities.

Next steps include establishing regular pre-certification meetings and discussing timeframes for the required site visit with Idaho's Regional CMS representative.

Healthy Connections Tiered Payments

System changes are on track to support implementation of tiered primary care case management fees for Healthy Connections Primary Care Providers beginning August 1, 2011.

Payment tiers include:

- \$2.50 per member per month for enrollees in the Basic Benefit Plan

- \$3.00 per member per month for enrollees in the Enhanced Benefit plan

- The fee is increased by 50 cents per member per month when the Healthy Connections provider offers extended hours of service

Idaho Home Choice Money Follows the Person Accomplishments – July 2011

1. Final Approval of operational protocol April 20, 2011 – One of four states that has received final approval.
2. Project Plan finished May 2011.
3. Communication Plan Finished May 2011.
4. Website developed/minimal information May 2011.
5. Business requirements have been written and we are working with Molina to automate. Automation including testing should be complete on August 29, 2011.
6. Automation request completed for Thomson Reuters to do MFP reporting to CMS.
7. Project Team Developed – Kick-off meeting was held on July 18, 2011.
8. Advisory Council Developed – First meeting on July 28, 2011.
9. Governance Council Developed – Leslie Clement, Kathleen Allyn, Rob Luce – Will probably change due to changes in administration.
10. Six workgroups set up – monthly meetings went to bi-monthly meetings until implementation.
11. Application Packet in development July 2011.
12. Brochures and Snap-shot pages developed. Will have printed brochures and information sheets the week of July 25, 2011.
13. Completed contract with CWI to develop curriculum for transition management training. They are in the process of developing curriculum. First draft on July 22, 2011. Final draft by August 16, 2011. Transition Management Train the Trainer will be held in September.
14. Contract signed with the SILC to have the CILS go out into 9 regions of the state and conduct Transition Management training in September: Lewiston, Moscow, Sandpoint, Coeur d' Alene, Idaho Falls, Pocatello, Twin Falls, Boise, Caldwell.
15. Contract with SILC to administer the Quality of Life Survey waiting approval.
16. Materials developed (enrollment, marketing, outreach):
 - a. Application for Idaho Home Choice
 - b. Informed Consent and Guardian form for both participant and guardian
 - c. Transition Screening Tool
 - d. Transition Screening Form
 - e. Transition Checklist
 - f. Transition Services List
 - g. Request for Transition Services Form
 - h. Checklist for Providers of Qualified Residence
 - i. Process Flow Documents
 - j. Frequently Asked Questions Document
 - k. Talking Points Document
17. Presentations to JAVA, Idaho Assistive Technology Council, MLT, PAOC, MCAC.
18. Facilitating a session at the 45th Annual IHCA-ICAL Convention and Trade Show on July 20, 2011.
19. Training for Nurse Managers for the August meeting August 16, 2011.
20. Article in the September Medic Aid newsletter planned.
21. Headline News article planned for September.
22. Hosted housing webinar through WEB-EX system for stakeholders.
23. Monthly CMS calls have been held and numerous technical assistance webinars have been attended.
24. IHC transitions planned to begin October 1, 2011.

Paul Leary, Administrator

MEDICAID UPDATE July 2011 MCAC

ORGANIZATIONAL CHANGES



- Leslie Clement, Deputy Director DHW
 - Division of Medicaid
 - Division of Behavioral Health
 - Facility Standards/Licensing and Certification
 - Managed Care Development

ORGANIZATIONAL CHANGES



- Paul Leary, Medicaid Plan Administrator
 - Medicaid Benefits
 - Financial Operations
 - Medicaid Systems

DD CHILDREN REDESIGN Highlights

- Recently awarded a contract with an independent assessment provider to determine eligibility for children's developmental disabilities services.
 - Idaho Center for Disabilities Evaluation (ICDE) began the new eligibility process July 1, 2021.
 - Using a new database and inventory of needs gives us the ability to identify, track, and trend characteristics of children.
- Delivering department case management in place of service coordination.
 - Case management will be managed by the Division of Family and Community Services (FACS).
 - Will take a more comprehensive and clinical approach to managing a child's services.

DD CHILDREN REDESIGN Highlights

- Offering a greater array of benefits for children and their families, and managing the new benefits with annual budgets based on the individual needs of the child.
- Creating a waiver program that targets young children with autism or maladaptive behaviors.
 - The Act Early Waiver was created in response to evidence-based research that suggests intensive intervention at an early age will result in the best outcomes for children.
- Giving families the option to direct their own services under a Family-Directed Services option, similar to the adult DD Waiver's Self-Directed Services option.
- Allows families to use their individual budgets to purchase and direct the services and supports their children receive.

DD CHILDREN REDESIGN Highlights

- Over the next year and a half, children will be transitioned into the new system according to their birthdays.
- Children with birthdays in October are the first group to transition. These families received applications in June to complete the re-enrollment process and are scheduled to begin the new benefits in October.

MENTAL HEALTH SERVICES MANAGED CARE

- Request for Information
 - Received 6 formal responses
 - Information being tabulated
 - Received comments outside of the process – NAMI – will include in our analysis
- Engage stakeholders during Request for Proposal development
- Post RFP by end of the year

JULY 1ST CHANGES – HB 260

- Medicaid Reimbursement Rates
 - No increase in rates – removal of mandatory rate increases
 - General fund savings \$4,700,000
 - Move non-primary care Medicaid rates to 90% of the Medicare rate
 - General fund savings \$1,500,000
 - Dockets 16-0309-1102 and 16-0310-1104 publish August 3, 2011

JULY 1ST CHANGES – HB 260

- Provider Assessments
 - Expand hospital to public and private with few exceptions
 - \$3,500,000 general fund savings
 - Add to Nursing Home Assessment
 - \$3,500,000 general fund savings
 - New Intermediate Care Facilities assessment
 - \$500,000 general fund savings

JULY 1ST CHANGES – HB 260

- Certification fee for Certified Family Homes
 - Application/certification fees started 7/01/11
 - Application fee for new provider - \$150.00
 - Ongoing fee \$25/month or \$300/year
 - CFH providers notified of the change via letter mailed the week of June 13th
 - 2,165 invoices mailed out for July
 - Rules presented to board and published on 7/6/11 in Docket 16-0319-1101

JULY 1ST CHANGES – HB 260

- Reduction in Adult Dental Coverage
 - Medically necessary oral surgery
 - Palliative services and associated diagnostic services
 - Pregnant women exempted from the reduction
 - \$1,700,000 general fund savings
 - Dockets 16-0309-1103 and 16-0310-1103
 - Rescind temporary/proposed docket 16-0310-1007

JULY 1ST CHANGES – HB 260

- Reduction of Services
 - Chiropractic services reduced to 6/yr
 - \$200,000 general fund savings
 - Eliminate audiology services for adults
 - \$70,000
 - Limit podiatry and vision coverage for adults based on chronic care criteria
 - \$800,000
 - Docket 16-0309-1104 publish August 3, 2011

JULY 1ST CHANGES – HB 260

- Make changes from HB 701 (2010 session) permanent
 - \$6,940,000 general fund savings
 - Dockets 16-0309-1104 & 16-0310-1105
- Blended payment for group and individual developmental therapy
 - \$1,100,000 general fund savings
 - Docket 16-0310-1105 publish August 3, 2011

JULY 1ST CHANGES – HB 260

- Psycho-social rehabilitation limit change for adults to 4 hours/week
 - \$2,270,000 general fund savings
 - Docket 16-0310-1105 publish August 3, 2011
- Implemented National Correct Coding Initiative (NCCI)
 - \$50,000 general fund savings

Other HB 260 Activities

- Develop effective management tool for PSR
 - In process
 - Reviewing long-term, high volume utilizers of PSR
 - Utilization review done by clinicians in the Office of Mental Health and Substance Abuse
 - Using LOCUS/CALOCUS - assesses member needs based on level of functioning, rather than diagnosis and psychiatric risk alone
 - Quarterly reporting

Other HB 260 Activities

- Align Medicaid coverage policy with Medicare for PT, OT, and Speech
 - Assessing difference between children and adults
 - Reviewing system requirements
 - Targeting January 1, 2012 implementation\
 - \$200,000 state general fund savings

Other HB 260 Activities

- Transition adult DD budgets to a tier approach – adjust budgets only for health and safety reasons
 - Allowing budget changes only for health and safety concerns instituted in spring 2011
 - Delay development of tiers until there is experience with the children budgets
 - \$2,000,000 general fund savings

Other HB 260 Activities

- Change reimbursement for outpatient pharmacy to Actual Acquisition Costs (AAC) and utilize a tiered dispensing fee model
 - Drug ingredient survey and dispensing fee survey sent out in the spring
 - Generic price changes July 5, 2011 – moved from 1.5 to 1.4 times the average acquisition cost
 - Single source drugs and dispensing fee information currently in analysis – target AAC change by 10/1/11
 - \$2,000,000 general fund savings

Other HB 260 Activities

- Implement co-payments for some Medicaid services
 - System requirements currently under review
 - Business process under development
 - Related to eligibility
 - Related to allowable (amount to income)
 - \$750,000 general fund savings

Other HB 260 Activities

- Pursue Medical Home development with focus on populations with chronic diseases
 - Healthy connection reimbursement tiers and extended hours component
 - Multi-payer Medical Home Collaborative
 - Received waiver for development grant for Health Home development – will support development of health homes

Medical Care Advisory Committee Meeting Minutes

Date: October 19, 2011 **Time:** 1:30 – 3:30 PM

Location: IDHW Medicaid Office
3232 Elder St., Boise, ID
D-East Conference Room

Moderator: Toni Lawson-Chair

Goal: Update MCAC Members on DHW Issues

Committee Members Present: Toni Lawson (Idaho Hospital Assoc.-Chair), Denise Chuckovich (Idaho Primary Care Assoc.-Vice Chair), Deedra Hunt (Idaho Office on Aging), Katherine Hansen (Community partnership of Idaho), Steven Bruce, DDS (Idaho Dental Association), Cathy McDougal (AARP), Deana Gilchrist (Living Independence Network Corporation),

DHW Staff Present: Paul Leary (Administrator, Division of Medicaid), Susie Choules proxy for Natalie Peterson (Bureau Chief Long Term Care, Division of Medicaid), Cathy Libby (Project Manager, Division of Medicaid), Rachel Strutton (Committee Secretary)

Committee Members Absent: James (Jim) R. Baugh (Disability Rights Idaho), Senator Patti Anne Lodge (Idaho State Senate), Representative Sharon Block (Idaho House of Representatives), Mary Ann Reuter (Idaho End-of-Life Coalition), Johnna Pokibro (Shoshone Bannock Tribes), Representative (Dr.) John Rusche (Board Certified Physician), Robert VandeMerwe (Idaho Health Care Association); Paula Marcotte (Mental Health Provider's Association), Yvette Ashton (Medicaid Recipient), Teresa Cirelli (Idaho Medical Association)

DHW Staff Absent: Jane Smith (Administrator, IDHW Division of Health)

Committee Guests: Perry Wolfe (Consumer Direct), Kris Ellis (Idaho Health Care Association)

Agenda Item	Presenter	Outcome/Action
<p>Committee Business</p> <p>Introductions, committee member updates and Committee Business (Attachment)</p> <ul style="list-style-type: none"> • Review minutes from the 7/20/11 meeting • Committee Vacancies/Nominations <ul style="list-style-type: none"> ○ Rotating Provider Organization seat (Paula Shaffer) resignation from the Committee ○ Rotating Consumer Advocate seat (Jim Baugh) term expiration • Proposed meeting schedule for 2012 	<p style="text-align: center;">Toni Lawson</p>	<p>Committee Business</p> <p>The Committee members introduced themselves and stated their names for the record and provided updates for their organizations. Some highlight were:</p> <ul style="list-style-type: none"> • Deedra Hunt is now serving in the adult protection office of the Idaho Office on Aging. She also provided an update on the recent changes in the organization's management team. • Dr. Steve Bruce is chairing the ISDA Legislative Committee this year. The ISDA Annual Conference just concluded. Dr. Bruce indicated the ISDA would like to see a dentist as the Idaho State Dental Director and given the Medicaid adult dental cuts the ISDA is concerned about the impact on the Medicaid adult special needs population. Paul Leary suggested Dr. Bruce contact Dr. Kido, to have these concerns brought to the existing ISDA / Medicaid quarterly meeting. Medicaid Administration will be monitoring the special needs population as well. • Community Partnership of Idaho's Annual Conference was held the week of Oct. 10, 2011, there was a good turnout for the event this year. Disability Advocacy Day is coming soon at different locations across the state. (see attached flyer) • LINC is holding a Disability Awareness Day on Friday, October 28, 2011, in honor of Disabilities History Month. <p>The Committee reviewed the July 20, 2011 meeting minutes. Minutes were approved as proposed and posted to the MCAC webpage.</p> <p>Committee Vacancies/Nominations</p> <ul style="list-style-type: none"> • Rachel Strutton attempted to contact JoAnne Condie and Pam Eaton from the Idaho State Pharmacy Association to request nominations from their organization to fill this seat, but has not received response. Ms. Lawson and Rachel will provide follow up communications. • Disability Rights Idaho- Rotating Consumer Advocate seat – Jim Baugh's 2nd term expired April 2011. Ms. Lawson contacted Mr. Baugh and he will be serving a 3rd term on the Committee. <p>The 2012 meeting schedule was accepted as proposed.</p>

Agenda Item	Presenter	Outcome/Action
<ul style="list-style-type: none"> o January 4, 2012 (1st Wed.) o April 18, 2012 o July 18, 2012 o October 17, 2012 		<p>Action Items:</p> <ul style="list-style-type: none"> • Ms. Lawson and Rachel will provide follow up communications to the ISPA regarding recruitment of Committee seat. UPDATE: Shortly after the meeting Rachel received an e-mail nomination from the ISPA. Tyler Higgins has been nominated as the MCAC representative from the ISPA. A formal nomination will be completed during the MCAC meeting scheduled for January 4, 2012.
<p>Personal Assistance Oversight Committee Update</p>	<p>Susie Choules</p>	<p>Personal Assistance Oversight Committee (PAOC) Update</p> <ul style="list-style-type: none"> • Ms. Choules provided an update from the September, 2011, PAOC meeting. • A copy of draft minutes were provided in the MCAC meeting packets and will be added to the PAOC website upon approval. • The next PAOC meeting is scheduled December 14, 2011. • The work group to review the Uniform Assessment Instrument (UAI) has been assembled and the initial work will begin shortly. • The MCAC would like to stay apprised of the UAI work group's progress.
<p>Program Updates</p> <ul style="list-style-type: none"> • MMIS Update (Attachments) 	<p>Cathy Libby</p>	<p>Program Updates</p> <p><u>MMIS Update</u></p> <ul style="list-style-type: none"> • Ms. Libby provided an update on Molina's continued improvements. (see attached) • More claims pend in the Molina system by design than in the previous system. These claims are pending longer intentionally for reasons such as possible requirements of a prior authorization, continued research needed prior to denial, and issues of that nature. • Molina is currently working on quality improvement efforts for more timely and accurate information provided by their call center staff. • Provider interim payments have been almost completely recouped. Medicaid Support Systems Team (MSST) is currently working with Molina to recoup from the remaining businesses. A collection agency has been engaged to collect from providers who are no longer billing and who have not responded to (or failed to comply with) established repayment plans. There is a small percentage of business that have closed. These businesses are reflected in the remaining outstanding recoupments. • Ms. Libby also provided the committee with a copy of a brochure preparing providers for the version 5010 of HIPPA electronic transactions implementing January 2012. (see attached) • MMIS certification is expected to begin December 2011 with an on-site visit from CMS.
<p>Division of Medicaid Updates</p> <ul style="list-style-type: none"> • Policy/Legislative Status Update (Attachment) 	<p>Paul Leary</p>	<p>Division of Medicaid Updates</p> <p><u>Policy/Legislative Status Update</u></p> <ul style="list-style-type: none"> • The <i>Division of Medicaid Policy Update</i> provides ongoing updates to the activity related to Administrative Rule, State Plan Amendments and Wavier activities. It is updated monthly and is available for review on the MCAC website: http://www.healthandwelfare.idaho.gov/Medical/Medicaid/MedicalCareAdvisoryCommittee/tabid/1206/Default.aspx. • Mr. Leary provided a Power Point Presentation titled <i>Medicaid Update to the MCAC October 2011</i>. (see attached)
<p>Question and Answer</p>	<p>All</p>	<p>Question and Answer</p> <p>No further questions and answer discussed.</p>
<p>Adjourn</p>		<p>This meeting adjourned at 3:40 PM (MST).</p>

Meeting dates for 2012 (all meetings are located at 3232 Elder, Boise Idaho): 1/4/12; 4/18/12; 7/18/12; 10/17/12



Disability Advocacy Day

Restore*Rebuild*Renew

a workshop that educates & empowers

Advocacy Workshops Offered

9:00am-3:30pm

9:00-12:00 Morning Agenda

Medicaid Matters In My Life: Self advocates, parents, providers and community leaders united last year to send a clear message to legislators that "Medicaid Matters." This session tells the story of a campaign that made a difference in protecting vital community services for Idahoans with disabilities. Local advocates, parents and providers will share their stories.

Medicaid 101: Learn how Medicaid works, who is eligible, and who gets which services. Learn about the changes to Medicaid services that occurred during the 2011 legislature.

12:00-1:00 Lunch on your own (Box lunches may be purchased when you register)

1:00-3:30 Afternoon Agenda

Legislative Process: If you would like to know how the legislative process works and how you can keep up with what is happening, this workshop is for you. Learn about how laws are made, the role of leadership and committees, the importance of rules, and how budgets are set. Do you know who represents you in the legislature? This session will show you how to find out.

Your Voice, Your Story: Talking to Your Legislator: You don't have to be a policy expert to talk effectively with your legislator. Instead there is power in telling your own story. This session will give you a basic outline for telling your story and then you will have the chance to practice with others so you can get comfortable speaking up about the things you care about.

The Movement Continues...Rebuild, Restore, Renew: Medicaid is an important part of the fabric of supports that help people with disabilities to live in the community. This session focuses on what we must do to rebuild a quality community system of support, restore vital services that have been eliminated by recent budget cuts and renew our commitment to advocating for choice and independence for all Idahoans.

Cost is **FREE!** Attend *morning, afternoon or all day.*

Sponsored by:
Consortium for Idahoans with Disabilities

&

Medicaid Matters in Idaho

For more information visit www.medicaidmattersinidaho.com

To register please contact Richelle Tierney by:

Calling 208-376-4999 or 1-800-850-7511

Emailing: richelle.tierney@mycpid.com

Online: www.medicaidmattersinidaho.com



Workshops
offered in
4 Idaho
Locations



Nov. 12th
Idaho Falls
Eastern Idaho Tech

Nov. 19th
Coeur d'Alene
Harding Center

Dec. 3rd
Twin Falls
T.F. Reformed Church

Dec. 10th
Boise
Boise Capitol Bldg



Everyone
is
Welcome...



Self Advocates
Parents
Providers
Community
Members



Where to find information

5010 resources :

www.idmedicaid.com

- FAQs
- Announcements
- Online Testing
- Certified Billing Agencies and Clearinghouses

www.cms.gov

- Overview
- Resources
- National Teleconferences

Molina Medicaid Solutions

- EDI Helpdesk:

idedisupport@molinahealthcare.com

1 (866) 686-4272



Important Reminders

Version 5010:

- Is a federally mandated upgrade
- Requires transaction testing
- Has a transition deadline of January 1, 2012



Are You Ready?

Is Your Software Ready?

Is Your Clearinghouse Ready?



Preparing for Version 5010 Standards for Electronic Healthcare Transactions

Do you submit electronic healthcare transactions to Idaho Medicaid? New Version 5010 standards for electronic transactions are required for providers, clearinghouses and billing agencies beginning January 1, 2012.

This transition impacts all providers who use software or a clearinghouse to submit or receive electronic transactions, such as claims, electronic remittance advice, eligibility verification requests and claim status inquiries.

Compliance with Version 5010 of the electronic healthcare transactions is required by the Health Insurance Portability and Accountability Act (HIPAA).

January 1, 2012

Deadline for 5010

Are You Ready?

Here are steps providers can take now to prepare for 5010 compliance:

- **Assess** the impact that version 5010 will have on your business. Resources are available at the [Centers for Medicare and Medicaid Services](#).
- **Install** necessary upgrades to your system and/or that of your billing agency. Talk to your clearinghouse, billing agency or software vendor about necessary upgrades.

Please check announcements at www.idmedicaid.com for further updates, specification transaction companion guides, and testing and training opportunities.

Anyone who submits transactions electronically needs to get ready for version 5010!

Testing Information

Certification testing for Version 5010 is now available for Idaho Medicaid Trading Partners. Version 5010 is required for all HIPAA X12 electronic healthcare transactions effective **January 1, 2012**.

Online self-service transaction testing opportunities are available through the file exchange link on your Trading Partner Account.

Find Out if Your Clearinghouse or Billing Agency is Ready:

A list of **5010-Certified clearinghouses and billing agencies** can be found by clicking on www.idmedicaid.com, under **Registered Billing Agencies and Clearinghouses**.

Looking for Pilot Participants

Once you have successfully completed online testing of your system, you will become certified for HIPAA X12 electronic healthcare transactions using version 5010.

Certified Trading Partners are eligible to participate in our pilot program. Pilot partners are important to the success of the 5010 transition. The pilot can help identify issues within your practice management software and the system in general prior to the mandatory compliance date of January 1, 2012.

Pilot testing will consist of end-to-end transaction processing, from claims submission to adjudication and reporting.

If you are interested in participating in this pilot, contact the EDI helpdesk at idedisupport@molinahealthcare.com



MMIS Status Report

October 19, 2011

Prepared for the Medicaid Advisory Committee

New-Day Claims Processing:

Action	9/18/11		9/25/11		10/2/11		10/9/11		10/16/11	
	Count	%								
Paid	93,447	79.5%	104,017	88.9%	106,284	87.9%	96,883	85.6%	92,890	84.1%
Denied	20,338	17.3%	8,763	7.5%	9,754	8.1%	9,810	8.7%	10,676	9.7%
Pended	3,752	3.2%	4,219	3.6%	4,900	4.1%	6,428	5.7%	6,920	6.3%
Total	117,537	100%	116,999	100%	120,938	100%	113,121	100%	110,486	100%

Interim Payment Collection:

Total Payouts	Total Remaining Balance (as of 10/19)
\$117,780,704	\$5,579,184

Call Center:

August Calls Taken	Calls Abandoned	Avg Queue Time	Avg Talk Time
13,404	164	0.17	5.45

September Calls Taken	Calls Abandoned	Avg Queue Time	Avg Talk Time
12,334	222	0.3	5.36

Provider Services:

- Monthly provider training sessions are held in each region.
- 201 provider visits were conducted in August 2011
- 202 provider visits were conducted in September 2011
- 105 provider visits were conducted in October as of 10/14/2011

Priority Research Team:

Weekly Status	9/18/11	9/25/11	10/2/11	10/9/11	10/16/11
Beginning issues	15	14	15	14	11
+ New Issues	6	6	4	2	1
- Closed issues	7	5	5	5	2
Ending issues	14	15	14	11	10

Aging as of October 7, 2011:

- 9 issues 0-30 days
- 1 issue 31-60 days
- 1 issue over 90 days

MMIS Status Report

October 19, 2011

Prepared for the Medicaid Advisory Committee

Recently Implemented Projects:

- Healthy Connections tiered payments- August 2011
- Idaho Home Choice –October 2011
- DD Children’s Redesign – October 2011
- Share of Cost Information on Web Portal – October 2011

Current MMIS Projects:

- Version 5010 of HIPAA electronic Transactions – January 1, 2012
- ICD-10 Diagnosis code transition – October 2013
- HB260: Co-Pay – November 2011 Phase 1 (Podiatry, Optometry, Chiropractic)
- Annual cap for Physical, Occupational, and Speech therapies – January 1, 2012 (align with Medicare)
- MMIS system certification- December 2011

Paul Leary, Medicaid Benefits Administrator
October 19, 2011

MCAC MEDICAID UPDATE

HB 260 STATUS REPORT

- Change Pharmacy Reimbursement Methodology to Average Acquisition Cost and tiered dispensing fee
 - All outpatient drugs – Estimated Acquisition Cost changed to Average Actual Acquisition Cost (AAC) 9/28/11 – coincides with date that 1st Data Bank ceased publication of Average Wholesale Price
 - Tiered dispensing fee implemented with AAC
 - Projected general fund savings \$2,000,000

HB 260 STATUS REPORT

- Reduce adult PSR to 4 hrs/week
 - Implemented 7/1/11
 - Projected general fund savings \$2,270,000
- Management tool for PSR
 - Quality assurance work performed by Mental Health Care management staff incorporated the use of the LOCUS/CALOCUS beginning 7/1/11 to further enhance the overall management of PSR service usage
 - Subsequent routine reporting will focus on appropriate and inappropriate service usage

HB 260 STATUS REPORT

- Adult DD budgets – Adjust for health and safety only
 - Implemented 4/1/11
 - Projected general fund savings \$2,000,000
- Blended Rate for adult Developmentally Disabled Group and Individual Therapy
 - Implemented 7/1/11
 - Projected general fund savings \$1,100,000

HB 260 STATUS REPORT

- No rate increases for SFY 2012
 - Implemented 7/1/11
 - Projected general fund savings \$4,700,000
- Set reimbursement at 90% of Medicare for non-Primary Care Procedures
 - Implemented 7/1/11
 - Projected general fund savings \$1,500,000
- Eliminate Audiology Services for Adults
 - Implemented 7/1/11
 - Projected general fund savings \$70,000

HB 260 STATUS REPORT

- Align PT, OT and Speech with Medicare Caps
 - Implementation 1/1/12
 - Projected general fund savings \$200,000
- Reduce Outpatient Hospital – PT, OT and Speech to 90% of Medicare
 - Implemented 7/1/11
 - Projected general fund savings \$300,000

HB 260 STATUS REPORT

- Reduce Adult Dental Benefit reduced to medically necessary oral surgery and palliative services
 - Implemented 7/1/11
 - Agreed on codes to be included with Idaho State Dental Association
 - Projected general fund savings \$1,700,000

HB 260 STATUS REPORT

- Reduce Chiropractic coverage to 6 visits per year
 - Implemented 7/1/11
 - Projected general fund savings \$200,000
- Limit adult Podiatry service and Optometry services based on chronic care criteria
 - Implemented 7/1/11
 - Projected general fund savings \$800,000
- Worked with professional associations on implementation

HB 260 STATUS REPORT

- Establish co-payments – chiropractic visits, podiatrist visits, optometrist visits, physical therapy visits, occupational therapy visits, speech therapy visits, outpatient hospital visits and physician office visits
 - Implementation 11/1/11 chiropractic, optometry and podiatry – the remainder will be implemented 1/1/12 (significant system requirements)
 - Projected general fund savings \$750,000

HB 260 STATUS REPORT

- Rule authority to make HB 701 changes permanent
 - Continued from SFY 2011
 - Projected general fund savings \$6,940,000
 - Move primary care management fee to tiered payment
 - Eliminate payment for collateral contact
 - Eliminate duplicative skill training
 - Restrict Partial Care to diagnosis of severe and persistent mental illness
 - Eliminate personal care service coordination
 - Eliminate supportive counseling
 - Reduce annual assessment hours
 - Reduce plan development hours
 - Eliminate requirement for annual plans
 - Reduce plan and assessment administrative requirements

HB 260 STATUS REPORT

- Move individuals from institution to community – Money Follows the Person grant
 - Implemented 10/1/11
 - Projected general fund savings \$1,300,000
- Implement claims payment edits to avoid paying for duplicative services (NCCI)
 - Implemented 7/1/11
 - Projected general fund savings \$50,000

HB 260 STATUS REPORT

- Initiate application/certification fees for CFHs
 - Implemented 7/1/11
 - Projected general fund savings \$294,000
- 8 additional Medicaid Integrity staff
 - Initiated hiring 7/1/11 will have all hired by 10/1/11
 - Projected general fund savings \$1,100,000

HB 260 STATUS REPORT

- Add to Hospital Assessment
 - Implementation 6/30/12
 - Projected general fund savings \$3,500,000
- Add to Nursing Home Assessment
 - Implemented 12/31/11
 - Projected general fund savings \$3,500,000
- New ICF/ID Assessment
 - Implemented 12/31/11
 - Projected general fund savings \$500,000

HB 260 REPORT – Managed Care

56-261: Medicaid Cost Containment and Health Care Improvement Act:

- identifies the current health care delivery system of payment to Medicaid health care providers on a fee-for-service basis fails to provide the appropriate incentives and
- can be improved by incorporating managed care tools, including capitation and selective contracting, with the objective of moving toward an accountable care system that results in improved health outcomes.

HB 260 REPORT – Managed Care

56-263: Medicaid Managed Care Plan

- Directs the Department to present to next year's legislature a plan for Medicaid managed care with focus on high-cost populations
- Requires that the plan include certain elements:
 - Improved care coordination through medical homes
 - Improved coordination & case management of high-risk, high-cost adults
 - Managed care for behavioral health benefits
 - Elimination of practices that result in unnecessary utilization and costs
 - Contracts based on gain sharing, risk-sharing or a capitated basis

HB 260 REPORT – Managed Care

HB 341 Section 24 DHW Appropriations Bill

Directs Medicaid to:

- complete an actuarial analysis of all Medicaid plans by population, subgroup and region before November 1, 2011
- Provide a copy of the actuarial report to DFM and LSO by December 1, 2011 and
- Provide the report with recommendations for the next phases for implementation of managed care to JFAC during the 2012 session.

HB 260 REPORT – Managed Care

■ Status of activities as of October 2011:

- Analysis focusing on mental health and dual eligible rate ranges
- Working through functionality threshold process for long-term care
- Developing rate ranges for physical health services

MEDICAL HOME/HEALTH HOME

Status of activities as of October 2011:

■ *Improve Care Coordination through Medical Homes*

- Interviewing project coordinator – second round
- Commercial payers proposing pilot scope that focuses on high-risk population
- Medicaid “health home” state plan amendment in 2012 to focus on high risk populations, including those with serious persistent mental illness and compensated through tiered case management fee plus fee-for-service

MENTAL HEALTH MANAGED CARE

Status of activities as of October 2011:

- **Establish managed care for behavioral health benefits.**
 - Initiated a Request for Information – received six responses from health plans
 - Public Forum held on August 30th engaged a panel of mental health experts to obtain advice on desired Idaho requirements for a Request for Proposal.
 - Web site established that includes our RFI, FAQs, educational material on managed care and an avenue for the public to submit questions and suggestions.
www.MedicaidMHManagedCare.dhw.idaho.gov
 - RFP to be posted within next five months
 - Waiver work initiated with CMS

DUAL ELIGIBLES

Status of activities as of October 2011:

- **Exploring opportunities to further develop managed care for the dual eligible's.**
 - Reviewing a technical assistance opportunity from CMS to pilot new financing models to improve system integration, Medicare & Medicaid benefit coordination, and payment reform to improve health outcomes.
 - Invited Health Plans to assess willingness to partner on this initiative and gained their support.
 - Scheduled Public Forum on October 26th with panel experts to obtain input regarding a seamless, integrated plan that includes acute, behavioral health and long-term care.
 - Web site launched with information on duals and LTC
www.MedicaidLTCManagedCare.dhw.idaho.gov

OPPORTUNITY FOR LEGISLATORS

Oregon and Utah managed care experts invited to share their state's Medicaid Managed Care experiences.

- Legislators will receive invitations with logistics
- Timeframe: Early November
- Place: Capitol
- Discussion: Will hear from two states with decades of Medicaid managed care experience and provide for question and answers.

MEDICAL FORUM

Collaborating with Hospitals, Physicians and Safety-Net Providers to host a full-day forum to discuss how these health care providers want to see Medicaid implement managed care.

- Legislators and the public will receive invitations with logistics
- Timeframe: Second week in December
- Place: Boise
- Panel discussions by hospital representatives, physician and medical practices, and Federally Qualified Health Centers

HB 260 REPORT – Managed Care

- Report will be delivered according to legislative requirements and will include:
 - Actuarial analysis results
 - Summary of 2012 activities regarding development, and
 - Recommendations

HB 260 REPORT – Managed Care

Report will be delivered according to legislative requirements and will include:

- Actuarial analysis results,
- Summary of 2012 activities regarding development, and
- Recommendations.

Questions?

Paul Leary learyp@dhw.idaho.gov

Thank you!
